Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
http://www.sos.ky.gov

# Certificate of Authority

**FBE**

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a **limited liability company**.

2. The name of the entity is

   **Fizz District, LLC**

3. The name of the entity to be used in Kentucky is

   **Fizz District, LLC**

4. The state or country under whose law the entity is organized is **Delaware**.

5. The date of organization is **6/20/2023** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

   **251 Little Falls Dr, Wilmington, DE 19808**

7. The name of the initial registered agent is

   **Christopher Ratterman**

and the street address of the entity's initial registered office in Kentucky is

   **3130 Frankfort Ave, Louisville, KY 40206**

8. The names and business addresses of the entity's representatives:

| | | |
|---|---|---|
| **Registered Agent** | Christopher Ratterman | 3130 Frankfort Ave, Louisville, KY 40206 |
| **Authorized Rep** | Christopher Ratterman | 3130 Frankfort Ave, Louisville, KY 40206 |
| **Manager** | Christopher Ratterman | 3130 Frankfort Ave, Louisville, KY 40206 |

9. This entity is managed by **Managers**.

10. This filing will be effective on **Wednesday, September 18, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Authorized Rep: Christopher Ratterman**

I, **Christopher Ratterman**, consent to sign
**Ratterman** who serves as the Registered A
entity on Wednesday, September 18, 2024.